Application Data Sheet

Application Information

Application number:: TBA

Filing Date:: 09/09/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Multi-Handled Sealed Bag

Attorney Docket Number:: 005216.00013

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Nancy

Middle Name::

Family Name:: Lucas

Name Suffix::

City of Residence:: Eagan

State or Province of Residence:: Minnesota

Country of Residence:: USA

Street of mailing address:: 4601 Fairway Hills Drive

City of mailing address:: Eagan

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55123

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Annette

Middle Name::

Family Name:: Martin

Name Suffix::

City of Residence:: Burdette

State or Province of Residence:: New York

Country of Residence:: USA

Street of mailing address:: 3464 CR 8

City of mailing address:: Burdette

State or Province of mailing address:: New York

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 14818

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Mick

Middle Name::

Family Name:: Bering

Name Suffix::

State or Province of Residence::

State of Province of Residence..

Street of mailing address::

Country of Residence::

City of Residence::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Arlis

Siven name..

Family Name:: Sayler

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Middle Name::

| Street of mailing address | ss:: | | | |
|--|----------------------------|------------------------|----------------------|--|
| City of mailing address State or Province of ma Country of mailing address Postal or Zip Code of n | ailing address:: ress:: | | | |
| Correspondence li | nformation | | | |
| Correspondence Customer Number:: 22907 | | | | |
| Representative Inf | ormation | | | |
| Representative Customer Number:: 22907 | | | | |
| Domestic Priority Information | | | | |
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: | |
| | | | | |
| | | | | |
| | | | | |
| Foreign Priority In | formation | | | |
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: | |
| | | | | |
| | | | | |
| | | | | |
| Assignee Informat | tion | | | |
| Assignee name:: Cargi | | ill, Inc. | | |
| Street of mailing address:: 15 | | 5407 McGinty Road West | | |
| City of mailing address:: | | Wayzata | | |

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55391